

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH,

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 3485

63-004515

FILED JUL 5 1963

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>62 yrs.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>OSTEOPATHIC HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>701 CLEVELAND</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>AUDIE</b> Last <b>NEVINS</b>		4. DATE OF DEATH Month <b>6</b> Day <b>21</b> Year <b>1963</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/9/1880</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>KANSAS CITY TRANSIT CO.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PUBLIC TRANSPORTATION</b>	
11. BIRTHPLACE (City and state or country) <b>OAKGROVE, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>BENJAMIN NEVINS</b>		13b. MOTHER'S MAIDEN NAME <b>SARAH COGER</b>	
14. NAME OF HUSBAND OR WIFE <b>IDA M. NEVINS</b>		Address <b>IDA M. NEVINS 701 CLEVELAND K.C., MO.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT <b>IDA M. NEVINS 701 CLEVELAND K.C., MO.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of Esophagus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>10 MONTHS</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>8-5-57 to 6-20-63</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from <b>6-21-63</b> to <b>6-20-63</b> and last saw her alive on <b>6-20-63 9 P.M.</b> Death occurred at <b>6-21-63 5:50 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Dr. Frederick A. Treffer M.D.</b>	
22b. ADDRESS <b>5518 Truman Rd. K.C. 27 Mo.</b>		22c. DATE SIGNED <b>6-21-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6/24/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ELMWOOD CEMETERY</b>	
23d. LOCATION (City, town, or county) <b>KANSAS CITY, MISSOURI</b>		23e. DATE RECD. BY LOCAL REG. <b>6-21-63</b>	
24. FUNERAL DIRECTOR <b>C.H. BLACKMAN &amp; SON KANSAS CITY, MO.</b>		26. REGISTRAR'S SIGNATURE <b>Prith Long</b>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF Frederick A. Treffer, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

Re-1-6693  
5518  
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**STATEMENT BY LICENSED EMBALMER**

525

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Hubert B. Baird

Licensed Embalmer No. 4888

P. O. Address Ac 24 mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.